

Time Planning

Name: _____ Phase: _____ Week of: _____

Restrictions: _____

What phone calls do you need to make this week?

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

What outside appointments do you have this week (i.e. dentist, doctor)?

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

What time do you need to wake up in the morning for you and your children to be ready for the day?

When will you make lunch for your child(ren)?

What day will you be volunteering or taking GED classes?

Is childcare needed?

❖ If so, who will be providing it?

Is transportation needed?

❖ If so, what is the transportation you will be using?

What is your day to cook?

What is your day to shop?

Who will be supporting your child(ren)?

When is your appointment with the Child Services Coordinator?

When is your appointment with Early intervention?

What is planned for mother/child activity?

❖ When is it?

What are the plans for your child(ren) for an overnight or activity away from the program?



❖ Who will they be with?	
What is your plan this week for contact with your sponsor?	
Are you going on an overnight this weekend?	
❖ If so, where will you be?	
❖ If so, who is doing your chore?	
❖ If so, what is the phone number?	
Do you have any visits planned?	
❖ If so, with whom?	
In the following schedule, please include what meetings you will attend this week.	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

